

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Special Election- House of Representatives District 29



Name of Candidate MAC HUDDLESTON
 Address 104 EAST OXFORD STREET City/Zip PONTOTOC MS 38863
 Telephone (Work) 6624899603 (Home) 6624895157 (Fax) 6624897004
 Contact Name MAC HUDDLESTON Email Address EMACHUDDLESTON@GMAIL.COM
 Office Sought HOUSE OF REPRESENTATIVE- HOUSE 15

☐ Check here if above is different from previous report

TYPE OF REPORT

 October 26, 2021 Pre-Election Report (January 1, 2021 through October 23, 2021) Mandatory if Opposed
 November 16, 2021 Pre-Runoff Report (October 24, 2021 through November 13, 2021) Runoff Candidates Only
 X January 31, 2022 Annual Report (January 1, 2021 through December 31, 2021) Mandatory
 Termination Report (Candidate will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) All candidates for office shall file reports in the year in which they are to be elected.
- (2) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.
- (3) Pre-Election Reports are mandatory if the candidate is opposed, even if no expenditures were made during the period. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and/or expenditures during this period.
- (4) Until a candidate files a Termination Report, annual reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (5) The receiving office must be in actual receipt of the required reports by 5:00 p.m. on the deadline. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED PRIOR TO JANUARY 1, 2018**

JAN.1, 2021 CASH ON HAND BALANCE				\$47702.20
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
CASH ON HAND BALANCE				\$47702.20

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED AFTER JANUARY 1, 2018**

JAN.1, 2021 CASH ON HAND BALANCE				\$18832.03
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$1750.00	\$61.20	\$1811.20	\$1811.20
TOTAL AMT OF DISBURSEMENTS	\$3911.61	\$393.40	\$4305.01	\$4305.01
CASH ON HAND BALANCE				\$16388.22

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Miss. Code Ann. §23-15-801, *et. seq.*

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Candidates for Legislative Office file this Report with the Secretary of State's office located at 401 Mississippi Street, Jackson, MS 39201; mail to P.O. Box 136, Jackson, MS 39205; faxed to (601) 576-2545; or emailed to CampaignFinance@sos.ms.gov.

¹ Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

Name of Candidate or Committee MAC HuddlestonReporting period Jan 1, 2021 through Dec 31, 2021

ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Centene Mgmt Centene Corporation</u>		<u>1 / 15 / 21</u>	\$ <u>500.00</u>
Mailing Address <u>200 North Congress Suite 500</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson ms 39201</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Capital Resources</u>		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Global Human Health</u>		<u>9 / 30 / 21</u>	\$ <u>250.00</u>
Mailing Address <u>351 N. Summeytown Pike</u>		<u> / / </u>	\$
City, State, Zip Code <u>North Wales PA 19454</u>		<u> / / </u>	\$
Name of Employer (Required) <u>merck</u>		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>ms Coalition For Progress</u>		<u>8 / 25 / 21</u>	\$ <u>1000.00</u>
Mailing Address <u>P O Box 1591</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson ms 39215</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Bully Bloc- Lindsey Simmons</u>		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Mac HuddlestonReporting period Jan 1, 2021 through Dec. 31, 2021

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☒ On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Hutchinson & Greenberg PC	2/4/21	\$ 250.00
Mailing Address 104 Hillcrest Drive Suite A	2/4/21	\$
City, State, Zip Code Tupelo ms 38804	2/4/21	\$
Purpose of Disbursement (Optional) Reporting Campaign Funds / Disb.	Aggregate Year-to-date	\$
B. Full name Quality INN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1865 Lakeland Drive	2/3/21	\$ 850.00
City, State, Zip Code Jackson ms 39216	3/4/21	\$ 850.00
Purpose of Disbursement (Optional) Lodging	Aggregate Year-to-date	\$
C. Full name ms Sale of Jr. Champion	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O Box 1609	2/4/21	\$ 200.00
City, State, Zip Code Jackson ms 39215	2/4/21	\$
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	\$
D. Full name Quality Inn	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1865 Lakeland Drive	12/31/21	\$ 850
City, State, Zip Code Jackson ms 39216	12/31/21	\$
Purpose of Disbursement (Optional) Lodging	Aggregate Year-to-date	\$
E. Full name AT & T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3849 N. Gloster Street	6/19/21	\$ 911.61
City, State, Zip Code Tupelo ms 38804	6/19/21	\$
Purpose of Disbursement (Optional) Telephone	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$